

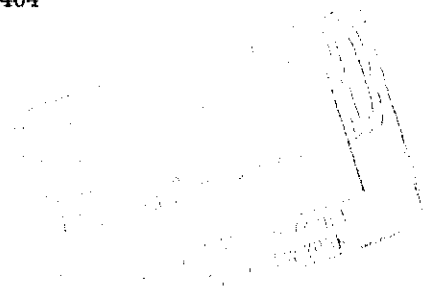
Ted Strickland
Governor



Helen E. Jones-Kelley
Director

P.O. Box 182404 Columbus, Ohio 43218-2404
jfs.ohio.gov

March 28, 2007



Bankruptcy Clerk
United States Bankruptcy Court
Southern District Of New York
One Bowling Green, 6th Floor
New York, NY 10004-1408

RE: CASE #05-44632
ODJFS #1405051-00-8
DELPHI AUTOMOTIVE SYSTEMS
HUMAN RESOURCES, LLC

Dear Clerk:

On April 11, 2006, this Bureau forwarded you an Administrative Proof of Claim for \$18,716.32 to have been filed in the above referenced case.

We wish to advise at this time that this claim was filed on Case #05-44632 in error, and it is therefore requested that this claim of the Ohio Department of Job and Family Services (formerly the Bureau of Employment Services) be withdrawn from the proceedings.

Sincerely,

Janet Wise, Supervisor
Litigation Unit

By: Marlene Delp, Examiner
(614) 466-2319 x22005

enclosures

JDW/mmd

COPY

United States Bankruptcy Court		Administrative Proof of Claim	
SOUTHERN DISTRICT OF NEW YORK			
In re: (Name of Debtor) DELPHI AUTOMOTIVE SYSTEMS SERVICES, LLC DEBTOR-IN-POSSESSION		Case Number 05-44632	
Name of Creditor (The person or entity to whom the debtor owes the money) Ohio Department of Job and Family Services Name and addresses where notices should be sent The Ohio Department of Job and Family Services PO Box 182404 Columbus, OH 43218-2404 Telephone (614) 466-2781		<input type="checkbox"/> Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Account or other number identifying debtor 1405051-00-8		<input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim dated:	
1. BASIS FOR CLAIM Goods Sold Services performed Money loaned Personal Injury/wrongful death <input checked="" type="checkbox"/> Taxes Other (Describe briefly)			
Retiree Benefits as defined in 11 U.S.C. 1114(a) Wages, Salaries and compensation (Fill out below) your Social Security Number _____ Unpaid compensation for services performed from _____ to _____			
2. Date Debt was incurred See Attached		3. If Court Judgment, Date Obtained	
4. Classification of claim. Under the Bankruptcy Code, all claims are classified as one or more of the following: (1) Unsecured non-priority (2) Unsecured priority, (3) Secured; It is possible for part of a claim to be in one category and part in another. check the appropriate box or boxes that best describes your claim and state the amount of your claim			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly) Amount of arrearage and other charges included in secured claim above If any \$ _____		<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ 18,716.32 Specify the priority of the claim <input type="checkbox"/> Wages, salaries or commissions (up to 20,000.00) earned more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900.00 of deposits toward purchase, lease, or rental of property or services for personal, family or household use -- 11 U.S.C. 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of government units -- 11 U.S.C. 507(a)(8) <input type="checkbox"/> Other -- 11 U.S.C. 507(a)(5) -- (Describe briefly)	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED \$ - (NON-PRIORITY)		\$ (SECURED) \$ 18,716.32 (PRIORITY) \$ 18,716.32 (GRAND TOTAL)	
<input type="checkbox"/> Check this box if claim includes pre-petition charges in addition to the principal amount of the claim. Attach itemized statement of additional charges			
6 CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts claimant owes to the debtor.		THIS SPACE FOR COURT USE ONLY	
7 SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interest. If the documents are not available, explain. If documents are voluminous, attach summary.			
8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim. Enclose a stamped self-addressed envelope and copy of your proof of claim.			
Date: April 11, 2006		Sign and print the name and title, if any, of the creditor or other person Authorized to file this claim (Attach power of attorney, if any) /s/ JANET D. WISE Janet D. Wise, Supervisor	

Administrative POC

BAR DATE

Not Set

INTEREST DETAIL --- LITIGATION SECTION

TYPE
CHPT 11

CASE #
05-44632

ACCOUNT
1405051-00-8

NAME DELPHI AUTOMOTIVE SYSTEMS SERVICES, LLC
DEBTOR-IN-POSSESSION
5725 DELPHI DRIVE
TROY, MI 48098-2815

FILE DATE

10/8/2005

SOUTHERN DISTRICT OF NEW YORK

QTR/YR	DEBIT DATE	CONTRIBUTIONS DUE	FORFEITURE	FORFEITURE INTEREST	CONTRIBUTION INTEREST	TOTAL
4/05	02/09/2006	\$ 18,076.24			\$ 640.08	\$ 18,716.32
TOTALS		\$ 18,076.24	\$ -	\$ -	\$ 640.08	\$ 18,716.32

PRIORITY \$ 18,716.32

NON-PRIORITY \$ -

Prepared by

04/11/06